


Posting #

**** RESCINDED ** VACANCY NOTICE**

For opportunities in RHODE ISLAND STATE GOVERNMENT

DESCRIPTION OF POSITION	<p>POSITION:</p> <p>SALARY/PAY GRADE:</p> <p>DIVION/SECTION/UNIT:</p> <p>DEPARTMENT OR AGENCY:</p> <p>ASSIGNMENT(S) / COMMENTS:</p> <p>SHIFT AND DAYS:</p> <p>RESTRICTIONS/LIMITATIONS:</p> <p>POSITION COVERED BY COLLECTIVE BARGAINING UNION AGREEMENT YES _____ NO _____</p> <p>NAME OF BARGINING UNIT UNION:</p> <p>THERE IS A CIVIL SERVICE LIST FOR THIS POSITION YES _____ NO _____</p> <p>See instructions "A" and/or "B" in the section below for specific instructions if this job has a civil service list</p> <p>CLASSIFICATION CODE:</p> <p>REFERENCE POSITION NO:</p> <p>APPLICATION PERIOD:</p> <p>APPLICATION GRACE DATE:</p> <p>JOB LOCATION:</p>								
GENERAL INFORMATION	<p><u>INSTRUCTIONS:</u></p> <p>A. <u>STATE EMPLOYEE LATERAL BIDDER:</u> Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please submit a completed CS-14 Application Form and the RIEEO 378 Affirmative Action Card. Your Application MUST contain the following information:</p> <table border="0"> <tr> <td>1. The Title of the Position for which you are applying</td> <td>5. The Date that you entered State Service</td> </tr> <tr> <td>2. The Reference Position Number of this notice</td> <td>6. The Name of the Department where you are currently employed</td> </tr> <tr> <td>3. The Title of your current position</td> <td>7. Your Business telephone number</td> </tr> <tr> <td>4. The Date that you entered your current position</td> <td>8. Your Present Union affiliation ***</td> </tr> </table> <p>*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract</p> <p>B. <u>NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:</u></p> <p>If indicated above that no civil service list exists for this position, you need not be in the class of position or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.</p> <p>C. <u>AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:</u></p> <ul style="list-style-type: none"> Reasonable Accommodation If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a Reasonable Accommodation, then the individual shall not be considered unqualified for the position. Medical information Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA). 	1. The Title of the Position for which you are applying	5. The Date that you entered State Service	2. The Reference Position Number of this notice	6. The Name of the Department where you are currently employed	3. The Title of your current position	7. Your Business telephone number	4. The Date that you entered your current position	8. Your Present Union affiliation ***
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STATEMENT OF DUTIES	<p>DUTIES / RESPONSIBILITIES:</p>								
MINIMUM EDUCATION & EXPERIENCE	<p>EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:</p> <p>(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)</p>								
WHERE TO APPLY	<p>Apply within the application period as shown on this vacancy notice announcement. Bids submitted to the Hazard building will only be accepted between during normal office hours. This office does not assume responsibility for applications sent through the mail. Note: Some State union contracts allow a 3-day grace period for receipt of the CS-14 application or bid. Please send Resume or CS-14 Application to:</p> <p>TELEPHONE #</p> <p>FAX #</p> <p>TDD #</p> <p>(Telecommunication Device for the Deaf)</p> 								

THE STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY EMPLOYER